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1/9/1930 NI/12 LOMILLA Drewen Cosca & March Guna MC		REGISTRAR'S SI	GNATURE 5/7	25. FUNCTIAL OF REC	TOR'S SIGNATURE	ADDRESS
	2/19/1950	NA In Se	Comelle Brances	ollescar ?	March Her	vora MO

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embaimed by me, or by\_\_\_\_\_\_

Student Embalmer

working under my personal supervision.

Licensed Embalmer No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with

the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.